

Challenge Standards for Student Success

Health Education





Publishing Information

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by CSEA members.

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Introduction

Health literacy is “the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.”¹ To assist schools in fostering health literacy in all students, the California Department of Education has initiated an effort that includes four important components: (1) implementation of the *Health Framework for California Public Schools*; (2) development of the *Challenge Standards for Health Education*, a document that will lead to an assessment of academic achievement in the area of health education; (3) a forthcoming curriculum guide for health and physical education; and (4) assessment of student health behaviors, using instruments such as the *California Healthy Kids Survey*. All four components are essential to the effective implementation of a comprehensive school health system to support health literacy for all students.

These Challenge Standards do not describe a full health education curriculum. Rather, they reflect examples of what proficient students should know and be able to do in school by the end of each grade. They are intended to serve as models for parents, teachers, and the community to use in shaping their own health education standards.

Overview of the *Health Framework*

The *Health Framework* describes California’s vision of health literacy and a comprehensive school health system and explains why it is essential that we use a systemwide approach to ensure that California’s children and families are truly healthy. The framework discusses in detail the four unifying ideas of health literacy, the eight components of a comprehensive school health system, and the nine content areas of health education.

¹“Report of the 1990 Joint Committee on Health Education Terminology,” *Journal of Health Education*, Vol. 22, No. 2 (March-April, 1991), 104.

Unifying Ideas

The unifying ideas of health literacy are as follows:

- Acceptance of personal responsibility for lifelong health
- Respect for and promotion of the health of others
- An understanding of the process of growth and development
- Informed use of health-related information, products, and services

The unifying ideas encompass the growing mastery of knowledge, skills, and behaviors critical to healthy living. They are central themes throughout the framework and can be interwoven within all components of a comprehensive school system.

Components of a Comprehensive School Health System

Listed below are the components of a comprehensive school health system:

- Health education, including the content areas of health education
 - Communicable and chronic diseases
 - Consumer and community health
 - Environmental health
 - Family living
 - Individual growth and development
 - Injury prevention and safety
 - Alcohol, tobacco, and other drugs
 - Nutrition
 - Personal health
- Physical education
- Nutrition services
- Health services
- Psychological and counseling services
- Safe and healthy school environment
- Health promotion for staff
- Parent and community involvement

Characteristics of the Challenge Standards

At every grade level, the description of each standard includes the following components:

- *Statement of the standard:* Each standard addresses broadly what students should know at the particular grade level. The standards are consistent across the grade levels.
- *Grade-level indicators:* Examples are provided of what students should be able to do at each grade level to meet the broad, cross-grade-level standards.

- *Examples of assignments and/or tasks that might be used to determine whether students are meeting the standard:* Assignments and/or tasks might also assist students in becoming proficient in the standard.

An example at grade one follows:

Standard 1	The student understands and demonstrates ways in which his or her health and well-being can be enhanced and maintained.
Grade-level indicators	Students will group foods by using the USDA Food Guide Pyramid.
Assignments or tasks	Students will sort food pictures into the six groups of the Food Guide Pyramid.

These Challenge Standards are based directly on the expectations described in Chapter 3 of the framework. For every grade level, selected examples are included of specific indicators that describe what students should know and be able to do. Also provided are selected examples of tasks and assignments that could be used to determine whether students are meeting the standard and to help students meet the expectations and the indicators. This document provides examples of how the nine content areas can be addressed at all grade levels, within *some* of the indicators. The tasks and assignments that are described in this document also reflect expectations that students' knowledge and skills will develop sequentially and progressively, building on their experiences and learnings in prior years. Ideally, the health education curriculum will include rich, extended assignments that address multiple standards and several different content areas of health education, incorporate many components of the comprehensive school health system, and integrate other curricular subjects.

Curriculum Guide

The health and physical education curriculum guide, which is expected to be published in 1998, will help local educators implement the framework and these standards. It will demonstrate common themes and offer suggestions that will enable teachers to work together to strengthen linkages between health education, physical education, and other curricular areas.

Evaluation of Knowledge, Skills, and Behaviors

For students to achieve health literacy as described in the framework, it is imperative that they extend beyond acquiring knowledge to behaving in health-enhancing ways. For practical purposes, however, local educational agencies must develop standards that are measurable and reasonable within the context of the school setting. Our goals as teachers, parents, and community members are that our children are physically fit; eat a nutritious and balanced diet; refuse tobacco, alcohol, and other drugs; refrain from engaging in other health-compromising high-risk activities; and play an active role to protect and improve the environment. However, it is not reasonable to base student assessment or grades on these actual behaviors. Therefore, these standards emphasize the knowledge, understanding, and skills that can be measured in the classroom.

For schools and districts that wish to go beyond the measurement of what students know and are able to do, other options are available. Instruments such as the *California Healthy Kids Survey* and the *Youth Risk Behavior Survey* can be used to monitor and evaluate trends in behavior related to use of alcohol, tobacco, and other drugs; violence and school safety; nutrition and physical activity; sexual behavior; exposure to prevention and intervention activities; and risk and protective factors. Schools that administer the *Healthy Kids Survey* can custom design instruments to meet local needs. The results of these surveys provide an overview of students' responses, not data on individuals. Students participate in these types of surveys anonymously and voluntarily, and their participation requires parental consent. The surveys can provide feedback to parents, health care providers, and the community about the prevalence of high-risk behaviors. They can also serve as valuable tools in identifying priority areas for intervention, education, and program planning. Schools interested in administering these surveys should contact the Comprehensive School Health Programs Office of the California Department of Education (916-657-3450).

We hope that this document will assist educators and health professionals to improve the health literacy of California's students, families, and communities, leading ultimately to positive changes in attitudes and behaviors.